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ABSTRACT

This youth risk behavior survey was completed by 7,667 students at 127 Bureau of Indian Affairs (BIA) middle schools. The document is organized around the six categories of behavior that contribute substantially to the leading causes of death, illness, and social problems in the United States: unintentional and intentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease; dietary behaviors; and physical activity. Results indicate that male middle school students were significantly more likely than female students to carry a gun or other weapon; engage in physical fights; use chewing tobacco or snuff; have sexual intercourse with three or more partners; and exercise and play sports. Female middle school students were significantly more likely than male students to consider or attempt suicide; think they are overweight; and diet, vomit, or take laxatives or diet pills to lose or maintain weight. Students in each of grades 6-8 were significantly more likely than students in the preceding grade to ride with a driver who had been drinking alcohol; engage in a physical fight; smoke cigarettes; drink alcohol; use marijuana; and have sexual intercourse with three or more partners. (Contains nine data tables.) (TD)

2000

Youth Risk Behavior Survey

of

Middle School Students

Attending Bureau Funded Schools

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Bureau of Indian Affairs
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Washington, DC

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This report was prepared by the Bureau of Indian Affairs, Office of Indian Education Programs, in conjunction with the Centers for Disease Control and Prevention, Division of Adolescent School Health.

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Contents

FOREWORD	5
ACKNOWLEDGMENTS.....	6
INTRODUCTION.....	7
DESCRIPTION OF THE SURVEY AND SURVEY ADMINISTRATION	9
UNINTENTIONAL INJURY	9
Seat Belt Use.....	10
Bicycle, Rollerblade and Skateboard Safety.....	10
Motor Vehicle Safety	10
INTENTIONAL INJURY	11
Carrying a Weapon.....	11
Physical Fighting.....	11
Suicide.....	11
Tobacco Use	12
Alcohol Use	12
Other Drug Use	13
HIV Education	13
Sexual Behavior.....	14
Dietary Behaviors	14
Physical Activity	15

Contents

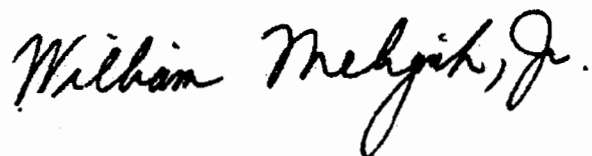
AGES OF INITIATION.....	16
SUMMARY AND CONCLUSIONS.....	17
TABLES.....	18

Foreword

The Office of Indian Education Programs conducted the first Middle School Youth Risk Behavior Survey (YRBS) in 1997. In the Spring of 2000, a second Bureau wide survey was conducted of all students enrolled in Bureau funded schools in grades 6 through 8. The survey instrument used was the Middle School Youth Risk Behavior Survey developed by the Center for Disease Control and Prevention (CDC). CDC uses the High School YRBS to conduct a national survey of high school students every two years in over 100 selected public schools across the country. Although the information is disaggregated to provide information about racial/ethnic groups of students, the American Indian student population is too small to provide a meaningful analysis in their survey. Therefore, the Bureau with the assistance of CDC conducts the only national survey solely among American Indian middle school students. This report describes the results from the Middle School YRBS and can be used as a source of information for schools and communities to assist with the planning and implementation of violence and substance abuse prevention programs.

Tribal leaders were informed about the YRBS and asked to support our survey effort through a letter signed by the Assistant Secretary - Indian Affairs and myself. Schools provided parents with information about the YRBS and passive consent forms. All stakeholders including students understood that participation, although encouraged, was completely voluntary. Survey training was conducted for school and area/agency representatives in order to ensure understanding and uniformity in survey implementation. Each participating school selected the day and hour in the spring of 2000 to implement the survey. There were no make ups for absences. This second middle school survey was conducted to assess the risk behaviors that our young people are engaging in and better focus prevention programs to address the identified behaviors.

I hope that the findings will be useful to school board members, school administrators, teachers, program coordinators, and parents to support and justify your prevention efforts. The information may also suggest program modifications to better address risk behaviors. Using this survey data we can improve our efforts to protect our young people as we Build Exemplary Schools for Tomorrow.



William A. Mehojah, Jr.
Director, Office of Indian Education Programs

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Gratitude is expressed to Tribal leaders, Education Line Officers, Field School Reform Specialists, School Board Members, parents, students, principals, teachers and other staff at participating Bureau funded schools; Dr. Sherry Everett-Jones, Michele Sussman, and Steve Ranslow of the Centers for Disease Control and Prevention. Without their support and assistance, the survey and this report would not have been possible.

Introduction

The Office of Indian Education Programs (OIEP) is located within the Bureau of Indian Affairs (BIA) in the U. S. Department of the Interior. The BIA/OIEP provides funding for 185 schools located on 63 reservations in 23 states. These schools provide educational programs for 49,076 students in school year 1999-2000. The health problems experienced by Indian youth are caused by a few preventable behaviors, such as alcohol abuse, unprotected sexual behaviors, tobacco use, dietary patterns that cause disease, and physical inactivity. These are preventable risk behaviors established during youth which lead to health and other social problems later in life, including increased social dysfunction of families. The negative impact that such behaviors have on individuals, schools, communities, and Indian culture demand that we teach our youth about health and encourage them to adopt and maintain healthy behaviors.

Since the first Youth Risk Behavior Survey (YRBS) was conducted in 1994 of high school students enrolled in Bureau funded schools, the OIEP has promoted the following initiatives to address the survey findings:

- conducted six comprehensive school health trainings
- developed ROPES courses at 17 schools to provide for outdoor adventure based counseling
- provided targeted Title IV (Safe and Drug Free Schools and Communities) funding to 15 schools
- piloted and later implemented K-6 HIV/AIDS Circle of Life Curriculum in 55 schools
- required that each Bureau funded school set a goal for the reduction of violence and substance abuse incidents
- piloted a therapeutic residential model in 3 locations

The identified risk behaviors exhibited by our youth today were not part of Indian life generations ago. Schools must now play a key role in promoting and teaching our youth about Indian traditions and the importance of attaining and maintaining health of body, mind and spirit. Successful schools such as those identified by the U. S. Department of Education, Office of Educational Research and Improvement for national recognition have implemented programs which incorporate several interdependent components, such as:

- a healthy school environment
- physical education
- after school or extended day activities
- nutrition and healthy snacks
- school nurse and health services
- comprehensive school health education
- parental involvement
- American Indian language and traditions



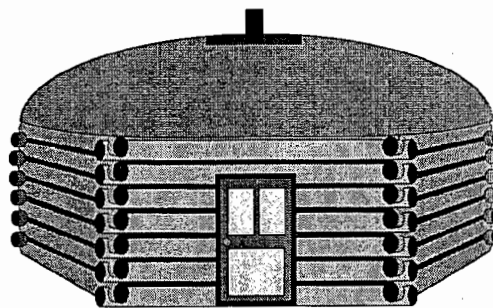
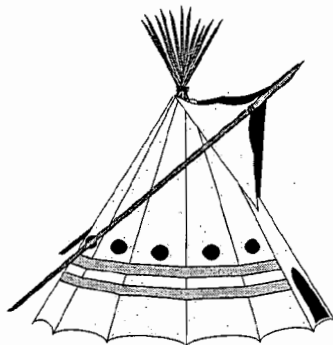
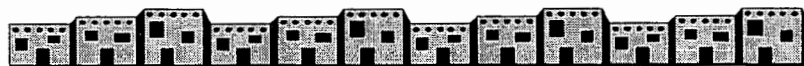
The most effective health education emphasizes behavior change and risk avoidance. Behaviors are learned and behaviors become habits. Learned healthy behaviors developed at a young age which are supported at home and promoted at school become healthy habits for a lifetime and are the best protection we can provide to our youth against the six risk behaviors identified in this report.

We encourage all Bureau funded schools to implement a planned, sequential, K-12 instructional program which integrates health education about each of the risk behaviors along with teaching risk avoidance skills. Intervention programs and activities employed within a culturally appropriate framework are also essential to assisting our youth break the habits and the cycle of risk taking behaviors.

This report summarizes the results of the BIA/OIEP Middle School YRBS which was completed in the spring of 2000 by 7,667 middle school students out of a total of 9,696 eligible middle school student population. One hundred twenty seven of 149 schools with grades 6-8 participated. This represents a 79% student participation rate and a 85% school response rate. These survey results are statistically reliable and representative of all Bureau schools with at least 10 students in grades 6 through 8.

The 85% school response rate multiplied by the 79% student participation rate equals the overall response rate which is 67%. A weighting factor was applied to each student questionnaire to adjust for non-response. Weighting is a statistical procedure used so that the results reflect the likelihood of sampling each student and to reduce bias by adjusting for students who did not complete a questionnaire.

This report is designed to stimulate data driven discussions among educators, parents, and youth in BIA funded schools about effective ways, programs and activities to address risk behaviors. Individual school data and this report can combine to provide statistically reliable information to support and demonstrate need when grant writing or seeking other funding opportunities to address health risks and youth activity.



Description of the Survey and Survey Administration

The Middle School YRBS is a 50 item questionnaire that assesses the prevalence of six categories of behavior that contribute substantially to the leading causes of death, illness, and social problems among youth and adults in the United States. The six priority risk behaviors assessed by the Middle School YRBS are: (1) unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; (5) dietary behaviors; and (6) physical activity.

The survey is self-administered. It was given to students during a regular class period. The survey takes approximately 40 minutes to complete. Each participating school determined the one day and one class period assigned for the survey. Students recorded their answers directly on a booklet that was later scanned by a computer. Survey procedures were designed to protect student's anonymity. Students were told their participation was voluntary and when taking the survey to leave no identifying markings on the booklet such as their name or student identification number.



Unintentional Injury

Seat Belt Use

Seat belt use is estimated to reduce motor vehicle fatalities nationally by 50% and serious injuries by 45% to 55%. Increasing the use of seat belts from the current 69% nationally to 85% could save an estimated 16,215 lives per year.

- Overall, 22% of the middle school students rarely or never used seat belts when riding in a car or truck driven by someone else. This is 27% lower than in 1997.
- The percent of students who never or rarely wore seat belts decreased from grade 8 at 29% to grade 6 at 16%.
- Overall, middle school males reported less seat belt usage. Males reported 26% rarely or never using seat belt and females reported 19%.

Bicycle, Rollerblade and Skateboard Safety

Head injury is the leading cause of death in motorcycle and bicycle crashes nationally. Unhelmeted bicyclists increase their risk of head injury.

- 86% rarely or never wore helmets while riding a bicycle. This is 21% higher than reported in the 1997 survey.
- 89% of middle school males rarely or never wore helmets while riding a bicycle compared to 83% of the females reporting this behavior.
- Among rollerbladers and skateboard riders 82% rarely or never wore helmets.

Motor Vehicle Safety

Nationally, the leading cause of death among youth ages 10-20 is motor vehicle crashes of these deaths, 43% among 15 to 20 years old are alcohol related. The leading cause of spinal cord injury among youth is an alcohol related vehicle crash.

- During the 30 days preceding the survey, 45% rode in a car or vehicle with a driver who had been drinking. This risk behavior significantly increases by grade level. 34% of 6th graders, 45% of 7th graders and 56% of eighth graders report riding in a vehicle with a driver who had been drinking.

Intentional Injury

Carrying a Weapon

Homicide is the second leading cause of death among youth ages 15-24 nationally. In 1998, homicide was the sixth leading cause of death for 10-14 years old among American Indian/Alaska Natives. During adolescence, the national homicide rate increases 15 times.

- 37% of students reported carrying a gun to school during the past month. This percentage has not changed from the 1997 survey.
- Significantly more males at 50% report carrying a gun to school than females at 23%.

Physical Fighting

Middle school students report being involved in physical fighting at 59%, which is significantly lower than the 1997 survey which reported this behavior at 64%. Middle school students surveyed on physical fighting reported that over the past 12 months:

- Significantly more males (68%) than females (49%) report being involved in a physical fight.
- Students report an increase of physical fighting by grade level. 51% of 6th graders, 60% of 7th graders and 66% of 8th graders are involved in physical fighting
- 9% of the students or approximately one in ten were injured from being in a physical fight and required medical attention for injuries.

Suicide

Nationally, suicide is the third leading cause of death for 10-14 year olds. The suicide death rate for American Indians is 1.5 times higher than the national rate. The percentage of BIA middle school students considering suicide is 25% which is a decrease from the 1997 survey reported at 29%.

- 25% of students or approximately one-fourth of students have considered suicide during the past 12 months.
- More middle school females (32) than males (18%) seriously consider suicide.
- 17% of students surveyed have made a suicide plan. The percent increases each year from 6th grade at 13% to 16% in 7th grade and 21% in 8th grade.

- 15% of middle school students have attempted suicide. By grade level the percentage increases. 13% of 6th graders, 15% of 7th graders and 17% of 8th graders report having attempted suicide.
- The percentage for attempted suicide by females is 19% which is significantly higher than males at 11%. This remains true for females reporting significantly higher for attempted suicide than males in the 1997 survey.

Tobacco Use

Tobacco use is the chief preventable cause of death nationwide. Approximately 6,000 teenagers try a cigarette each day and 3,000 become daily smokers. Ninety-one percent of smokers begin before the age of 21 and 38% begin before the age of 14.

- 73% of middle schools students had tried cigarette smoking. Smoking increased by grade level. 61% of 6th graders, 74% of 7th graders and 84% of 8th graders reported having tried cigarette smoking.
- 35% of students reported smoking within the past 30 days. This behavior increased by grade level. 25% of 6th graders, 36% of 7th graders and 44% of 8th graders reported smoking within the past 30 days.
- Overall, 15% of students reported frequent cigarette smoking. This is 5% higher than the 1997 survey data. Frequent smoking is defined as smoking cigarettes on 20 or more of the 30 days preceding the survey.
- Overall, 17% of students have ever used smokeless tobacco which is significantly lower than the 41% reported in 1997. Males reported significantly higher use of smokeless tobacco at 17% than females at 11%. Both middle school groups are significantly lower than the 1997 survey when 46% of males and 36% of females reported ever using smokeless tobacco.

Alcohol Use

Alcohol is a major factor in half of all homicides, suicides and motor vehicle crashes. Drinking can also be associated with physical fights, damaged property, trouble with the law and poor academic performance. Nationally, CDC reports of that 50% of high school students reported use of alcohol.

- Lifetime alcohol use reported for students in grades 6-8 is 52%. Lifetime alcohol use is defined as having had at least one alcoholic drink for other than religious reasons in their lifetime.
- 23% of middle school students report first time use of alcohol occurring before the age of 11.

Other Drug Use

Documented drug use in America is greater among high school students and young adults than in any other industrialized country worldwide. Drug use can be related to unwanted pregnancy, poor or failing academic achievement, delinquency, and the transmission of sexually transmitted diseases including HIV, in addition to death or injury.

- Overall, 45% of middle school students have ever used marijuana. Marijuana use increases by grade level. 29% of 6th graders, 45% of 7th graders and 61% of 8th graders report this behavior.
- 18% of middle school students report first time use for marijuana occurring before the age of 11.
- 10% of middle school students reported using any form of cocaine (powder, crack or free base.) Cocaine use increases by grade level. 7% of 6th graders, 10% of 7th graders and 15% of 8th graders report on cocaine use.
- Overall, 18% of students ever inhaled (sniffed or huffed) glue, the contents of aerosol cans, or paint sprays to get high. This behavior was significantly higher in 7th (18%) and 8th grade (23%) than 6th grade (14%).
- 4% of students report ever having used steroids which remains unchanged from the 1997 survey.
- 4% of students report ever injecting illegal drugs. In the 1997 survey this behavior was reported at 3%.

HIV Education

AIDS is the 8th leading cause of death for youth aged 10-14 in the United States and 9th for youth ages 15-24. The IHS documented 2 cases of AIDS among American Indians for all ages in 1983. Ten years later, in 1993 there were 348 AIDS cases among Indians. In December 1997 the reported number of AIDS cases had grown to 1,783. As of June 2000, the number of American Indians with AIDS has risen to 2,234 with 80% being male. It is evident that HIV/AIDS is very much a growing concern in Indian country.

- Overall, 61% of middle school students report to have received instruction about HIV/AIDS while attending school.
- 7th (61%) and 8th (70%) graders were significantly higher to report HIV/AIDS instruction than 6th graders at 52%.

Sexual Behavior

Early sexual activity is associated with unwanted pregnancy, sexually transmitted diseases, including HIV infection, as well as having negative effects on social and psychological development. Nationally, more than one million teenage girls each year become pregnant. Among American Indians, 45% of mothers have their first child before the age of 20.

- Overall, 16% of middle school students report ever having sexual intercourse. Significantly more males (21%) than females (12%) report this behavior.
- Overall, 5% report having three or more sexual partners in their lifetime. Significantly more males (7%) than females (3%) report this behavior.
- Among middle school students who had ever had sexual intercourse, 59% used a condom.
- 4% of students report first time to engage in sexual intercourse was before the age of 11.

Dietary Behaviors

Among adolescents ages 6-17 nationwide, there are 4.5 million who are overweight. Of these youth, 11% are male and 10% are female. Unfortunately, overweight children tend to become overweight adults which can have serious consequences to their health and lifestyles. Chronic conditions such as diabetes, heart disease, and high blood pressure can stem from being overweight. In addition, overweight adolescents often experience social and psychological stress related to their body shape. Overweight adolescents are at greater risk for depression, poor school performance and problems in family and other relationships. An overemphasis on thinness, particularly for this age group, can lead to eating disorders which may include bulimia and anorexia nervosa. Females are more at risk for bulimia and anorexia nervosa as they account for 90% of all cases nationally.

- Overall, 23% report thinking of themselves as overweight. Significantly more females (25%) than males (21%) report this belief.
- 43% of students had ever dieted to lose weight. Females were significantly higher (48%) than males (39%) in reporting this behavior.
- 65% of students reported exercising for the purpose of losing weight which is an increase from the 1997 survey reporting this activity at 58%.
- 9% or approximately one in ten students vomited after eating or took laxatives to keep from gaining weight.
- 8% of middle school students took diet pills to lose weight or keep from gaining weight.
- 26% of students went without food for 24 or more hours to lose or keep from gaining weight.

Physical Activity

Engaging in physical activity on a regular basis has been proven to increase both life expectancy and better overall health. Additionally, physical activity is associated with good mental health and self-esteem. It assists in the prevention and/or management of heart disease, hypertension, diabetes and mental health problems. School physical education programs can have a significant positive effect on the health-related fitness of children.

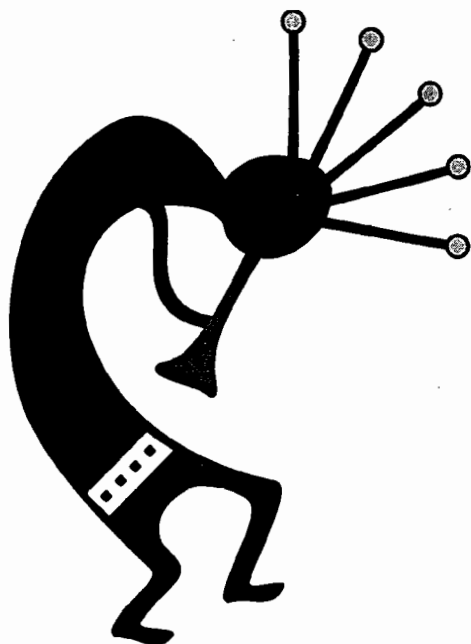
- Overall, 59% of middle school students participated in vigorous physical activity on three or more of the seven days preceding the survey. This is significantly lower than reported in the 1997 survey at 69%.
- 79% of the students report participating in a physical education class at least one time per week.
- 29% of middle school students attend physical education class daily.
- 60% of students played on a sports team of some kind which may or may not be affiliated with their school. More males (62%) than females (58%) reported playing on a team.



Ages of Initiation

The ages of 11 and 13 were selected to define ages of initiation as they more likely correspond to middle school student ages in grades 6, 7 and 8.

- By age 11, 29% of students smoked a cigarette.
- By age 11, 23% of students had their first alcoholic drink.
- By age 11, 18% of students had smoked marijuana.
- By age 11, 4% of students had sexual intercourse.
- By age 13, 77% of students had smoked a cigarette.
- By age 13, 57% of students had their first alcoholic drink.
- By age 13, 49% of students had smoked marijuana.
- By age 13, 15% of students had sexual intercourse.



Summary and Conclusions

Attitudes and behaviors developed in early adolescence have health consequences that continue into adulthood. The data collected and presented in this report gives evidence of the need for and the importance of prevention education and related activities in American Indian communities and Bureau funded schools. It is critical to the future lives of our young people as well as the very survival and vitality of Indian communities that our students have multiple opportunities to develop healthy behaviors in order to replace the behaviors which are currently putting them at risk for future health and social problems.

Male middle school students were *significantly more likely* than female students to report rarely or never use seat belts or wear bicycle helmets. Male students were *significantly more likely* than female students to carry a gun or any other type of weapon; to engage in a physical fight or get injured in a physical fight. Male students were *significantly more likely* than female students to use chewing tobacco or snuff. Male students were *significantly more likely* than female students to ever have sexual intercourse and report having three or more sexual partners. Male students were *significantly more likely* than female students to exercise and play sports.

Female middle school students were *significantly more likely* than male students to consider suicide, make a suicide plan and actually attempt suicide. Female students were *significantly more likely* than male students to think they are overweight, diet, vomit, take laxatives and or diet pills to lose or maintain weight.

Male students were *significantly more likely* than females to play on a sports team.

Middle school students in 6th, 7th and 8th grade respectively were *significantly more likely* than students at each preceding grade level to: ride with a driver who had been drinking alcohol; engage in a physical fight; report lifetime, current and frequent cigarette smoking; drink alcohol; use marijuana; ever have sexual intercourse and report having three or more sexual partners.

Eighth grade students were *significantly more likely* than 6th grade students to: rarely or never use seat belts; carry a gun or any other type of weapon; get injured in a physical fight; attempt suicide; use chewing tobacco or snuff, inhalants or cocaine; think they are overweight, diet, exercise, vomit, take laxatives and/or diet pills to lose or maintain weight; and exercise or play sports.

It is evident from the data collected in this second Middle School YRBS that middle school students attending Bureau funded schools need the active support of all of us. We call upon all stakeholders: tribal leaders, school administrators, school board members, teachers, parents and community members to address the risk behaviors identified in this survey report. These risk behaviors carry a substantial financial and social cost on both an individual and collective level. Hopefully, this report will stimulate data driven discussion which can guide appropriate school and community action to design and implement improved prevention programs, opportunities and services for students and families.

Table 1. Percentage of middle school students who engaged in unintentional injury risk behaviors, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	Sex		Grade			1997
	Total	Female	Male	6	Z	Total
Rarely or never wore seat belts^{1,a,b,c}	22.4 (20.0-24.8) ²	18.7 (16.1-21.3)	26.1 (23.4-28.8)	16.4 (14.2-18.5)	22.0 (19.0-24.9)	29.6 (26.8-32.4)
Among bicycle riders, rarely or never wore helmets^{a,b,c}	85.9 (84.5-87.3)	82.9 (80.8-85.1)	88.5 (87.0-90.0)	81.0 (78.7-83.3)	86.9 (84.9-88.8)	70.9 (68.9-72.9)
Among rollerbladers and skateboard riders, rarely or never wore helmets^{a,d,e}	81.5 (79.8-83.2)	78.9 (76.5-81.3)	84.2 (82.2-86.2)	75.1 (72.4-77.8)	83.3 (81.2-85.4)	83.3 (81.4-85.3)
Ever injured while exercising, playing sports, or being physically active^{3,e}	43.8 (42.2-45.5)	42.3 (40.3-44.3)	45.3 (43.2-47.4)	40.4 (38.4-42.5)	44.0 (41.4-46.6)	NA
Ever rode with a drinking driver^{b,c}	45.1 (42.5-47.7)	44.8 (41.7-47.9)	45.4 (42.8-48.0)	34.3 (31.2-37.4)	45.4 (42.4-48.5)	52.2 (49.8-54.5)

¹ When riding in a car.² 95% confidence interval.³ Seriously enough to be treated by a doctor or nurse.^a Female students significantly different from male students.^b Each grade level significantly more likely than preceding grade level to report this behavior.^c 2000 significantly different from 1997.^d 6th grade students significantly different from 7th grade students.^e 6th grade students significantly different from 8th grade students.

Table 2. Percentage of middle school students who engaged in violence-related risk behaviors, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	2000					1997				
	Sex		Grade							
	Total	Female	Male	6	7	8	Total			
Ever carried a weapon^{1,a,b,c}	36.9 (34.7-39.2) ²	23.4 (21.2-25.6)	50.2 (47.2-53.2)	30.1 (27.2-32.9)	37.8 (34.9-40.7)	42.8 (39.5-46.0)	NA			
Ever in a physical fight^{a,d,e}	58.9 (56.8-61.0)	49.3 (47.0-51.6)	68.3 (65.9-70.8)	50.9 (48.0-53.8)	59.7 (57.2-62.2)	66.2 (63.1-69.4)	64.3 (62.1-66.5)			
Ever injured in a physical fight^{3,a}	9.0 (8.0-9.9)	6.6 (5.7-7.5)	11.3 (9.9-12.6)	7.7 (6.7-8.8)	8.8 (7.5-10.0)	10.2 (8.5-11.9)	9.3 (8.1-10.4)			
Ever seriously considered attempting suicide^{a,c,e}	24.8 (23.1-26.6)	31.7 (29.3-34.0)	18.1 (16.2-20.0)	21.2 (19.0-23.4)	24.7 (22.2-27.2)	28.7 (26.2-31.2)	29.2 (27.7-30.8)			
Ever made a suicide plan^{a,d}	16.5 (15.0-17.9)	20.7 (18.6-22.7)	12.3 (10.9-13.7)	12.6 (10.7-14.5)	16.4 (14.7-18.2)	20.6 (18.3-22.8)	16.3 (15.1-17.5)			
Ever attempted suicide^{a,c}	14.9 (13.7-16.1)	18.7 (16.9-20.6)	11.1 (9.9-12.2)	12.8 (10.8-14.7)	14.8 (12.9-16.7)	17.0 (15.0-19.0)	15.6 (14.4-16.8)			

¹ Such as a gun, knife, or club.² 95% confidence interval.³ Seriously enough to be treated by a doctor or nurse.^a Female students significantly different from male students.^b 6th grade students significantly different from 7th grade students.^c 6th grade students significantly different from 8th grade students.^d Each grade level significantly more likely than preceding grade level to report this behavior.^e 2000 significantly different from 1997.

Table 3. Percentage of middle school students who used tobacco, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	Sex			Grade		
	<u>Total</u>	<u>Female</u>	<u>Male</u>	<u>6</u>	<u>7</u>	<u>8</u>
Lifetime cigarette use^{1,a}	73.2 (70.8-75.6) ²	73.8 (71.3-76.3)	72.5 (69.8-75.2)	60.7 (57.2-64.2)	74.0 (71.1-76.8)	84.4 (82.0-86.8)
Current cigarette use^{3,a,b}	35.1 (32.4-37.9)	36.9 (33.9-39.9)	33.4 (30.4-36.4)	25.1 (22.3-27.9)	36.2 (32.8-39.6)	44.0 (40.0-48.0)
Current frequent cigarette use^{4,a,b}	6.6 (5.2-7.9)	6.5 (4.9-8.1)	6.6 (5.3-7.9)	3.1 (2.0-4.1)	5.6 (4.4-6.9)	10.9 (8.4-13.5)
Current cigar use^{5,c}	13.7 (12.5-14.9)	10.7 (9.5-12.0)	16.6 (14.9-18.2)	12.3 (10.4-14.1)	14.2 (12.5-15.9)	14.1 (12.5-15.8)
Current smokeless tobacco use⁶	16.6 (14.2-19.0)	13.9 (10.8-17.0)	19.1 (16.4-21.8)	14.4 (12.1-16.8)	16.5 (13.9-19.1)	18.6 (15.0-22.2)
Usually obtained cigarettes by purchasing them at a store or gas station^{7,b}	4.0 (3.1-4.8)	2.8 (1.6-4.0)	5.2 (3.8-6.6)	3.0 (1.6-4.4)	3.3 (2.1-4.4)	4.5 (3.2-5.9)
Were not asked to show proof of age when purchasing cigarettes⁸	33.4 (20.6-46.2)	22.3 (6.6-38.0)	39.1 (24.2-53.9)	55.3 (28.8-81.8)	32.5 (10.8-54.1)	29.0 (14.2-43.7)
Total						49.3 (47.0-51.7)
						9.6 (8.1-11.0)
						NA
						8.6 (6.6-10.6)
						NA

¹ Ever tried cigarette smoking, even one or two puffs.² 95% confidence interval.³ Smoked cigarettes on 1 or more of the 30 days preceding the survey.⁴ Smoked cigarettes on 20 or more of the 30 days preceding the survey.⁵ Smoked cigars, cigarillos, or little cigars on 1 or more of the 30 days preceding the survey.⁶ Used chewing tobacco or snuff on 1 or more of the 30 days preceding the survey.⁷ Among current smokers, during the 30 days preceding the survey.⁸ Among current smokers, who usually obtained their own cigarettes by purchasing them at a store or gas station during the 30 days preceding the survey.^a Each grade level significantly more likely than preceding grade level to report this behavior.^b 2000 significantly different from 1997.^c Female students significantly different from male students.

Table 4. Percentage of middle school students who used alcohol or other drugs, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	2000					1997				
	Sex		Grade							
	Total	Female	Male	6	7	8	Total			
Lifetime alcohol use^{1,a}	52.3 (49.5-55.1) ²	53.0 (49.8-56.3)	51.5 (48.6-54.4)	37.0 (33.7-40.3)	53.8 (50.7-57.0)	66.1 (62.9-69.4)	NA			
Lifetime marijuana use^{3,a}	44.8 (41.3-48.3)	42.4 (38.7-46.1)	47.3 (43.4-51.2)	28.8 (25.1-32.5)	44.6 (40.9-48.2)	61.3 (56.7-65.9)	51.4 (48.1-54.7)			
Lifetime cocaine use^{4,b,c}	10.4 (9.2-11.6)	10.2 (8.7-11.6)	10.6 (9.3-12.0)	6.9 (5.8-8.0)	9.6 (7.7-11.4)	14.6 (12.7-16.6)	NA			
Lifetime inhalant use^{5,b,d}	18.4 (16.3-20.4)	20.4 (18.0-22.8)	16.3 (14.2-18.4)	14.2 (12.2-16.3)	18.1 (15.7-20.5)	22.5 (19.5-25.5)	28.5 (25.8-31.1)			
Lifetime steroid use^{6,e}	3.9 (3.3-4.5)	2.9 (2.3-3.6)	4.7 (3.9-5.5)	3.8 (2.9-4.7)	3.5 (2.6-4.4)	4.2 (3.4-4.9)	4.3 (3.7-4.8)			
Lifetime injected drug use^{7,b}	4.0 (3.4-4.5)	3.8 (3.1-4.6)	4.1 (3.5-4.8)	3.1 (2.6-3.7)	3.8 (2.9-4.7)	4.9 (3.9-6.0)	3.4 (2.8-4.1)			

¹ Ever had a drink of alcohol, other than a few sips.² 95% confidence interval.³ Ever used marijuana.⁴ Ever tried any form of cocaine, including powder, "crack," or "freebase."⁵ Ever sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to become intoxicated.⁶ Ever used steroids.⁷ Ever injected illegal drugs.^a Each grade level significantly more likely than preceding grade level to report this behavior.^b 6th grade students significantly different from 8th grade students.^c 7th grade students significantly different from 8th grade students.^d 2000 significantly different from 1997.^e Female students significantly different from male students.

Table 5. Percentage of middle school students who were ever taught about acquired immunodeficiency syndrome (AIDS)/human immunodeficiency virus (HIV) in school and who engaged in sexual behaviors, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	2000					1997				
	Sex		Grade							
	Total	Female	Male	6	7	Total	Female	Male	6	7
Ever taught about HIV/AIDS in school ^a	61.0 (56.6-65.3) ¹	63.0 (58.5-67.5)	59.1 (54.5-63.6)	52.1 (46.2-58.0)	61.3 (56.2-66.3)	60.7 (56.9-64.6)	69.9 (65.7-74.0)	61.3 (56.2-66.3)	69.9 (65.7-74.0)	60.7 (56.9-64.6)
Ever had sexual intercourse ^{a,b,c}	16.3 (14.4-18.2)	12.2 (10.4-14.0)	20.6 (18.1-23.1)	8.0 (6.1-9.9)	15.4 (13.2-17.5)	19.7 (17.3-22.2)	25.2 (22.2-28.3)	15.4 (13.2-17.5)	25.2 (22.2-28.3)	19.7 (17.3-22.2)
Three or more sexual partners during lifetime ^{a,b,d}	5.2 (4.3-6.1)	3.1 (2.3-3.9)	7.4 (6.1-8.7)	2.3 (1.4-3.3)	4.4 (3.3-5.5)	6.2 (5.2-7.2)	8.6 (7.0-10.2)	4.4 (3.3-5.5)	8.6 (7.0-10.2)	6.2 (5.2-7.2)
Condom use during last sexual intercourse ²	58.7 (55.4-62.0)	56.1 (49.8-62.3)	60.3 (56.3-64.3)	53.1 (46.8-59.4)	62.4 (56.3-68.5)	59.9 (56.4-63.4)	58.5 (53.9-63.0)	62.4 (56.3-68.5)	58.5 (53.9-63.0)	59.9 (56.4-63.4)

¹ 95% confidence interval.

² Among students who ever had sexual intercourse.

^a 6th grade students significantly different from 8th grade students.

^b Female students significantly different from male students.

^c Each grade level significantly more likely than preceding grade level to report this behavior.

^d 7th grade students significantly different from 8th grade students.

Table 6. Percentage of middle school students who initiated smoking, alcohol use, marijuana use, and sexual intercourse before age 11 years, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	2000				1997			
	Sex		Grade					
	Total	Female	Male	6	Z	8	Total	
Smoked a whole cigarette before age 11 years ^a	29.0 (26.8-31.1) ¹	28.2 (25.8-30.6)	29.7 (27.3-32.2)	28.4 (25.4-31.4)	28.7 (26.2-31.2)	29.3 (26.3-32.2)	35.6 (33.5-37.7)	
Drank alcohol before age 11 years ²	22.8 (21.1-24.5)	21.4 (19.5-23.3)	24.1 (22.1-26.2)	21.8 (19.1-24.6)	23.1 (21.2-25.0)	22.8 (20.5-25.0)	26.1 (24.3-28.0)	
Tried marijuana before age 11 years ^b	17.7 (15.7-19.7)	14.0 (12.2-15.8)	21.4 (18.7-24.0)	16.3 (14.0-18.7)	17.3 (15.0-19.6)	19.2 (16.7-21.8)	17.7 (15.6-19.7)	
First sexual intercourse before age 11 years ^b	4.1 (3.4-4.8)	2.4 (1.9-3.0)	5.7 (4.6-6.9)	4.2 (3.1-5.4)	3.7 (2.7-4.6)	3.9 (2.9-4.9)	4.7 (3.9-5.4)	

¹ 95% confidence interval.² Other than a few sips.^a 2000 significantly different from 1997.^b Female students significantly different from male students.

Table 7. Percentage of middle school students who were at risk for becoming overweight or were overweight; who thought of themselves as overweight; and who were attempting weight loss, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	Sex		Grade		
	Total	Female	Male	6	7
At risk for becoming overweight^{1,a}	21.5 (20.2-22.7) ²	19.1 (17.3-20.8)	23.7 (22.0-25.5)	23.3 (20.9-25.7)	20.7 (18.9-22.4)
Overweight^{3,a,b,c}	17.6 (16.2-19.0)	14.8 (13.1-16.5)	20.2 (18.4-22.1)	22.5 (19.6-25.3)	15.8 (13.9-17.7)
Thought they were overweight^{4,a,c,d}	23.1 (21.7-24.4)	24.8 (22.9-26.8)	21.4 (20.1-22.7)	19.1 (17.2-21.0)	27.6 (25.6-29.7)
Were attempting weight loss^a	47.0 (45.4-48.6)	50.8 (48.5-53.2)	43.3 (41.5-45.1)	47.3 (44.7-49.9)	46.1 (43.3-48.8)
					23.3 (21.6-25.0)
					46.5 (44.5-48.6)

¹ Students who were at or above the 85th percentile but below the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey I.

² 95% confidence interval.

³ Students who were at or above the 95th percentile for body mass index by age and sex based on reference data from the National Health and Nutrition Examination Survey I.

^a Female students significantly different from male students.

^b 6th grade students significantly different from 7th grade students.

^c 6th grade students significantly different from 8th grade students.

^d 7th grade students significantly different from 8th grade students.

Table 8. Percentage of middle school students who engaged in behaviors associated with weight control, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	2000			1997		
	Sex		Grade			
	Total	Female	Male	6	7	Total
Ever ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight ^a	43.4 (42.0-44.8) ¹	48.4 (46.4-50.5)	38.6 (36.8-40.5)	42.1 (39.8-44.4)	45.6 (43.4-47.7)	42.9 (40.8-45.1)
Ever fasted to lose weight or to keep from gaining weight ²	26.0 (24.6-27.4)	27.4 (25.6-29.2)	24.6 (23.0-26.1)	23.8 (21.3-26.3)	27.4 (25.5-29.3)	27.1 (25.0-29.1)
Ever exercised to lose weight or to keep from gaining weight ^{b,c}	64.5 (63.0-66.1)	66.8 (64.7-68.8)	62.6 (60.5-64.7)	61.4 (58.5-64.3)	65.5 (63.3-67.8)	67.1 (64.9-69.3)
Ever vomited or took laxatives to lose weight or to keep from gaining weight ^a	9.1 (8.0-10.1)	10.3 (9.0-11.7)	7.7 (6.6-8.8)	8.0 (6.7-9.4)	9.6 (8.2-11.1)	9.5 (8.2-10.8)
Ever took diet pills, powders, or liquids to lose weight or to keep from gaining weight ³	8.3 (7.1-9.5)	9.5 (8.0-11.0)	7.0 (5.7-8.3)	6.6 (5.2-8.1)	8.7 (7.1-10.3)	9.3 (7.9-10.8)
						NA

¹ 95% confidence interval.² Gone without eating for 24 hours or more.³ Without a doctor's advice. Does not include meal replacement products such as Slim Fast.^a Female students significantly different from male students.^b 6th grade students significantly different from 8th grade students.^c 2000 significantly different from 1997.

Table 9. Percentage of middle school students who reported physical activity behaviors, by sex and grade – Bureau of Indian Affairs, Youth Risk Behavior Survey, 2000

	2000				1997	
	Sex		Grade			
	Total	Female	Male	6	7	Total
Participated in vigorous physical activity^{1,a}	58.6 (56.3-61.0) ²	57.5 (55.1-59.9)	60.1 (57.1-63.0)	55.3 (51.5-59.1)	58.1 (54.8-61.5)	NA
Enrolled in physical education class³	78.5 (74.7-82.3)	79.3 (75.2-83.4)	77.8 (74.0-81.5)	81.3 (77.4-85.1)	80.2 (76.2-84.2)	84.0 (80.7-87.4)
Played on sports team⁴	59.6 (57.5-61.6)	57.5 (54.9-60.2)	61.7 (59.2-64.1)	60.7 (57.7-63.7)	59.1 (56.8-61.5)	60.4 (58.4-62.4)
Watched television 2 hours or less^{5,a}	66.0 (63.6-68.5)	67.5 (64.9-70.2)	64.4 (61.6-67.2)	69.9 (67.0-72.8)	66.9 (63.7-70.1)	NA

¹ Activities that caused sweating and hard breathing for at least 20 minutes on 3 or more of the 7 days preceding the survey.

² 95% confidence interval.

³ Attend physical education (PE) class one or more days per week.

⁴ Includes any teams run by the school or a community group.

⁵ During an average school day.

^a 6th grade students significantly different from 8th grade students.



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publication of this report is necessary in the transaction of
the public business required by
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